

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit:: 1616
Title:: DELIVERY OF RIZATRIPTAN OR ZOLMITRIPTAN
THROUGH AN INHALATION ROUTE
Attorney Docket Number:: 00038.04CON
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 1
Small Entity:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name:: Ron
Middle Name:: L.
Family Name:: HALE
City of Residence:: Woodside
State or Province of Residence:: California
Country of Residence:: US
Street of mailing address:: 17085 Skyline Blvd
City of mailing address:: Woodside
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94062

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name:: Joshua
Middle Name:: D.
Family Name:: RABINOWITZ
City of Residence:: Mountain View
State or Province of Residence:: California
Country of Residence:: US
Street of mailing address:: 750 N. Shoreline, #98
City of mailing address:: Mountain View
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94043

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name:: Dennis
Middle Name:: W.
Family Name:: SOLAS
City of Residence:: San Francisco
State or Province of Residence:: California
Country of Residence:: US
Street of mailing address:: 22 Sequoia Way
City of mailing address:: San Francisco
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94127

Applicant Authority type:: Inventor
 Primary Citizenship Country: US
 Status:: Full Capacity
 Given Name:: Alejandro
 Middle Name:: C.
 Family Name:: ZAFFARONI
 City of Residence:: Atherton
 State or Province of Residence:: California
 Country of Residence:: US
 Street of mailing address:: 1 Faxon Forest
 City of mailing address:: Atherton
 State or Province of mailing address:: California
 Postal or Zip Code of mailing address:: 94027

Correspondence Information

Correspondence Customer Number:: 37485
 Name:: Elaine C. Stracker
 Name:: Alexza Molecular Delivery Corporation
 Street of mailing address:: 1001 East Meadow Circle
 City of mailing address:: Palo Alto
 State or Province of mailing address:: CA
 Postal or Zip Code of mailing address:: 94303
 Phone number:: (650) 687-3905, (650) 687-3900
 Fax Number:: (650) 687-3999

Representative Information

| Representative Designation:: | Registration number:: | Name:: |
|------------------------------|-----------------------|--------------------|
| Primary | 43,166 | Elaine C. Stracker |

Domestic Priority Information

| Application:: | Continuity Type: | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This application | Continuation of | 10/155,621 | 05/22/2002 |
| 10/155,621 | An application claiming benefit under 35 USC 119(e) | 60/294,203 | 05/24/2001 |
| 10/155,621 | An application claiming benefit under 35 USC 119(e) | 60/317,479 | 09/05/2001 |
| 10/155,621 | An application claiming benefit under 35 USC 119(e) | 60/332,280 | 11/21/2001 |
| 10/155,621 | An application claiming benefit under 35 USC 119(e) | 60/336,218 | 10/30/2001 |

Assignee Information

Assignee name:: Alexza Molecular Delivery Corporation
Street of mailing Address:: 1001 East Meadow Circle
City of mailing address:: Palo Alto
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94303